

PERSONAL HISTORY

ALL ANSWERS ARE CONFIDENTIAL

SSN#: _____ / _____ / _____

NAME: _____
Last First MI Maiden Name

ADDRESS: _____
Street City State Zip Code

DATE OF BIRTH: _____ / _____ / _____ AGE: _____ SEX: F _____ M _____ RACE: B _____ W _____ O _____

HM PHONE: () _____ WK PHONE: () _____ OTHER PHONE: () _____

EDUCATION: (CIRCLE ONE) HIGH SCHOOL: 9 10 11 12 GED COLLEGE: 1 2 3 4 5

POST GRADUATE: YES _____ NO _____ ARE YOU A VETERAN: _____

NAME & ADDRESS OF EMPLOYER: _____

ANNUAL INCOME: \$ _____ OCCUPATION: _____ LENGTH OF EMPLOYMENT: _____

MARITAL STATUS: _____ HOW MANY TIMES HAVE YOU BEEN MARRIED? _____ # CHILDREN: _____
(Never Married / Married / Divorced / Separated / Widow(er))

EMERGENCY CONTACT: _____
NAME (RELATIONSHIP) ADDRESS PHONE

DO YOU SMOKE? _____ NUMBER OF PACKS? _____

HOW OFTEN DO YOU DRINK? _____ EVERY DAY: _____ SEVERAL TIMES PER WEEK: _____ WEEKENDS: _____ SPECIAL OCCASIONS

WHAT DO YOU USUALLY DRINK? _____ BEER: _____ WINE: _____ LIQUOR

HOW MUCH DO YOU DRINK? _____ 1 TO 2 DRINKS: _____ 3 TO 4 DRINKS: _____ 5 OR MORE DRINKS

AGE OF FIRST ARREST _____ TOTAL NUMBER OF ARREST (NOT CHARGES) _____

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL HEALTH ISSUES? (EX: DEPRESSION, BI-POLAR, ECT) _____

DO YOU HAVE ANY MEDICAL PROBLEMS? YES _____ NO _____ IF YES PLEASE EXPLAIN: _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING ON A REGULAR BASIS? _____

HOW MANY TIMES HAVE YOU BEEN HOSPITALIZED FOR ANY ILLNESS OR INJURY IN THE PAST 5 YEARS? _____

PLEASE EXPLAIN: _____

WHAT COUNTY WERE YOU ARRESTED IN? _____

WHAT STATE IS/WAS YOUR MOST RECENT DRIVERS LICENSE? _____ LICENSE #: _____

SIGNATURE: _____ DATE: _____ / _____ / _____

DO NOT WRITE BELOW THIS LINE

ASSESSMENT: _____ BAC _____ MAST _____ DAST _____ CAST _____ Pre-Test _____

PRIOR: DUI _____ RD _____ DRUG _____ A/B _____ ALCOHOL _____ COMMENTS: _____

Davidson County Sheriff's Office
Day Reporting Program
1417 Murfreesboro Rd., Nashville, TN 37217

COMPLIANCE AGREEMENT

I _____, will cooperate with and participate in clinical supervision, treatment and/or programs as instructed by the Day Reporting Program Staff.

I will not possess or use alcoholic beverages. I will not possess or use illegal drugs. I will avoid all areas and people where illegal drugs and alcohol are bought or used. A licensed physician must prescribe any use of medication, with prescription(s) on file with DRP. I will not go to bars or nightclubs.

My last use of alcohol or other drugs was on the following date: _____

I am taking the following prescription medications: _____

I agree to pay for each court ordered program that I am registered to attend. Fees are to be paid by a money order ONLY. After the completion of the program, if I am to remain on supervision, then I agree to pay \$40 a month for supervision. Supervision will include drug screens and face-to-face interviews with my assigned counselor.

I agree that I must attend all of my required groups and pay all monthly fees before I will be given a certificate of completion.

I will not carry any type of weapon on or about my person at any time while on DRP property.

I will make truthful reports to my treatment counselor whether that report is in person or in writing.

I further understand that I shall be subject to random drug testing.

My signature below indicates that I have read or have had read to me the conditions listed above and that I have received a copy of these conditions. I agree to assume the responsibility of attending all required groups, times and locations as indicated above. I will let my Treatment Counselor know if I need further explanation of what it is that I must do to complete my required court ordered class(es).

Participant Signature: _____ Date: _____

OCA#: _____ Warrant # _____

Print Name: _____ Phone #: _____

DRP Staff Member: _____ Date: _____

Davidson County Sheriff's Office

Day Reporting Program

1417 Murfreesboro Pike, Nashville, TN 37217

Phone number (615) 862-8355 Fax number (615) 862-8349

Alcohol/Drug Use History

Name: _____ DOB: _____

Drug:	Age of First Use	Date Last Used	Frequency	Amount	Withdrawal Symptoms
Alcohol					
Marijuana					
Cocaine/Crack					
Amphetamines/Meth					
Sedatives					
Barbiturates					
Heroin					
Other Narcotics Specify:					
Hallucinogens Specify:					
Inhalants Specify:					
Nicotine					

Comments: _____

Signature: _____

Davidson County Sheriff's Office
Day Reporting Program
1417 Murfreesboro Rd., Nashville, TN 37217

YOU HAVE THE RESPONSIBILITY:

- To remain abstinent of all mood-altering chemicals.
- To be honest about matters that related to you as a participant.
- To attempt to understand your problem.
- To attempt to follow the directives and advice offered by the staff.
- To know the staff members who are caring for you.
- To report changes in your condition to those responsible for your care and welfare.
- To be considerate and respectful of the rights of both the fellow participants and staff.
- To honor the confidentiality and privacy of other participants.
- To use the grievance procedure if you feel your rights are being violated.
- To keep appointments and cooperate with the staff.
- To avoid making unreasonable demands.
- To take an active part in your therapy program; this includes going to all groups, lectures, and other group activities.
- To comply with the policies and expectations of Day Reporting Center.
- To take an active part in group therapy sessions by discussing your problems as they relate to your addictive, violent and/ or criminal behavior.
- To obey all the rules of the Day Reporting Center while you are in the treatment program.

I HAVE READ AND AGREED TO ALL OF THE ABOVE INFORMATION:

Participant Signature: _____ Date: _____

DRP Staff Witness Signature: _____ Date: _____

Davidson County Sheriff's Office
Day Reporting Program
1417 Murfreesboro Rd., Nashville, TN 37217

Participant Rights and Responsibilities

YOU HAVE THE RIGHT:

- To considerate and respectful care;
- To reasonably expect, from the staff members responsible for your care and welfare, complete and current information of your condition, diagnosis, treatment, and prognosis.
- To know by name and specialty, if any, the staff members responsible for your care;
- To consideration of your individuality, and to be treated with consideration, respect, and full recognition of your dignity;
- To respectfulness and privacy as it relates to your therapy program. Case discussions, consultations, examinations, and treatment are confidential;
- To expect the Day Reporting Center to make a reasonable response to your requests;
- To expect reasonable continuity of care, which includes schedules of services;
- To be fully informed, prior to or at the time of admission and during your stay; of the service available at the Day Reporting Center and of related changes;
- To be encourage and assisted, throughout your period at the Day Reporting Center, to understand and exercise your rights as a participant and to this end, you may voice your grievance and recommend changes;
- To be free from mental and physical abuse, and free from chemical and physical restraints except in emergencies;
- To be assured confidential treatment of your personal and medical records;
- To be fully informed as evidence by your written acknowledgment, prior to or at the time of admission and during your treatment at the Day Reporting Center, of the rights and responsibilities set forth herein.

DAVIDSON COUNTY SHERIFF'S OFFICE

Day Reporting Center

1417 Murfreesboro Road, Nashville, TN 37217

RELEASE OF INFORMATION AUTHORIZATION

Participant Name: _____ DOB: _____

Social Security #: _____ - _____ - _____

I hereby authorize the Davidson County Sheriff's Office Day Reporting Program to release information regarding my status in the Day Reporting Program to my Probation Officer and the Court having jurisdiction. I understand that this information will be used to determine my compliance with the orders of the Court and the conditions of my probation.

PLEASE IDENTIFY YOUR ATTORNEY IF YOU WANT TO GIVE THIS OFFICE PERMISSION TO INFORMATION TO HIM/HER:

Name of Attorney: _____

IF YOU WANT TO GIVE THE DAY REPORTING PROGRAM STAFF PERMISSION TO RELEASE INFORMATION TO ANY INDIVIDUAL (FAMILY MEMBER OR FRIEND) PLEASE IDENTIFY THE PERSON(S) BY NAME:

Name of Family/ Friend: _____

Contact Information: Phone Number: _____ Address: _____

Relation: _____

I understand that all intake information is held confidential and protected by (42-CFR, Part 2) Federal Laws governing the confidentiality of alcohol/drug treatment records. **Without this release the Day Reporting Program is not allowed to discuss your case, schedule appointments or conduct any business with anyone other than yourself.**

I understand that this Federal Law requires that I protect the confidentiality of other people in the program.

This authorization may be revoked at any time by my written statement, and is automatically revoked at the end of my probationary period of the charge which I am currently being referred for education and/or treatment.

Participant Signature: _____ Date: _____

DRP Staff Witness: _____ Date: _____

Davidson County Sheriff's Office
Day Reporting Program
1417 Murfreesboro Rd., Nashville, TN 37217

Record Confidentiality Statement

Participant Name: _____ DOB: _____

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser.

Unless:

- The patient consents in writing
- The disclosure is allowed by a court order
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulation by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law regulation do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about ant threat to commit such a crime.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations)

I HAVE READ AND AGREED TO ALL OF THE ABOVE INFORMATION:

Participant Signature: _____ Date: _____

DRP Staff Witness Signature: _____ Date: _____

Davidson County Sheriff's Office
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Infectious Disease Reporting and Release of information

As a Treatment facility licensed by the Tennessee Department of Health Board for Licensing Health Care Facilities, the Day Reporting Center is required to report "all suspected or diagnosed cases of infectious disease including Tuberculosis, AIDS, Hepatitis B, Sexually Transmitted Disease and Hepatitis B promptly to the regional health department in accordance with 42 CFR Part 2 and TCA 69-10-201, 68-5-201 and Chapter 1200-14 of the Rules of the Tennessee Department of Health."

Participant Name: _____ DOB: _____

Address: _____ Phone #: _____
Street City State Zip code

I HAVE BEEN DIAGNOSED WITH THE FOLLOWING ILLNESS (ES):

- ☐ TUBERCULOSIS (TB)
- ☐ HIV/AIDS
- ☐ SEXUALLY TRANSMITTED DISEASE
- ☐ HEPATITIS B VIRUS

IF I HAVE AN ACTIVE CASE OF TUBERCULOSIS, I UNDERSTAND THAT I MAY NOT ATTEND TREATMENT GROUPS UNTIL I HAVE A STATEMENT FROM MY DOCTOR ALLOWING ME TO ATTEND GROUPS.

☐ I HAVE NOT BEEN DIAGNOSED WITH ANY OF THE ABOVE ILLNESSES.

I understand this form gives the DRP staff permission to release the above information to the regional health department under two conditions:

- I report health conditions that require the above reporting;
- I am in a classroom setting that may have exposed me to TB.

(The Health Department will contact me immediately for screening.)

This form does not give the DRP staff permission to release this information to anyone other than regional health department and your health status must be kept confidential in accordance with "Confidentiality of Alcohol and Drug Abuse Patient Records." (42 CFR, Part 2)

Participant Signature: _____ Date: _____

DRP Staff and Witness: _____ Date: _____

Prime for Life
A Risk Reduction Program

Pre-test

(Please circle True or False)

- | | | |
|----------|----------|---|
| T | F | 1. Alcoholism only happens to troubled people. |
| T | F | 2. People with a parent or grandparent with alcoholism are four times more likely to develop alcoholism |
| T | F | 3. High tolerance is a sign that a person has increased biological risk. |
| T | F | 4. Because beer drinkers tend to drink more in a shorter time, they are likely to reach higher blood alcohol levels. |
| T | F | 5. Research shows that people who drink every day have more health problems if they drink three or more drinks daily. |
| T | F | 6. Females can generally drink more than males before becoming impaired. |
| T | F | 7. Risk for an auto crash goes up as Blood Alcohol Level (BAL) goes up. |
| T | F | 8. People who use a designated driver can drink as much as they want and not increase their risk for alcohol related problems. |
| T | F | 9. I cannot have alcoholism if I don't drink everyday. |
| T | F | 10. A single dose of marijuana is eliminated from the body in a few hours. |

MAST

Name: _____ Date: _____

YES NO

1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people). _____
2. Have you ever awakened the morning after some drinking the night before and found you could not remember part of the night? _____
3. Does your wife, husband, parent, or other relative ever worry or complain about your drinking? _____
4. Can you stop drinking without a struggle after one or two drinks? _____
5. Do you ever feel guilty about your drinking? _____
6. Do friends or relatives think you are a normal drinker? _____
7. Are you able to stop drinking when you want to? _____
8. Have you ever attended a meeting of Alcoholics Anonymous? _____
9. Have you ever gotten into physical fights when drinking? _____
10. Has drinking ever created problems between you and your wife, husband, a parent, or other relative? _____
11. Has your wife, husband, parent, or other near relative ever gone to help about your drinking? _____
12. Have you ever lost friends, girlfriends, or boyfriends because of your drinking? _____
13. Have you ever gotten into trouble at work because of your drinking? _____
14. Have you ever lost a job because of drinking? _____
15. Have you ever neglected your obligations, your family, or your work for two or more days because of you were drinking? _____
16. Do you drink before noon fairly often? _____
17. Have you ever been told you have liver trouble/Cirrhosis? _____
18. After heavy drinking have you ever had delirium tremens(DTs) or severe shaking, heard voices, or seen things that weren't there? _____
19. Have you ever gone to anyone for help regarding your drinking? _____
20. Have you ever been in a hospital because of drinking? _____
21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a General hospital where drinking was part of the problem that resulted in the hospitalization _____
22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem? _____
23. Have you ever been arrested for driving under the influence of alcoholic beverages? _____
24. Have you ever been arrested, even for a few hours, because of other drunken behavior? _____

DAST (Drug Abuse Screening Test)

Name: _____

Date: _____

Score: _____

- | | | |
|--|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Have you abused prescription drugs? | Yes | No |
| 3. Do you abuse more than one drug at a time? | Yes | No |
| 4. Can you get through the week without using drugs? (other than for medical reasons) | Yes | No |
| 5. Are you always able to stop using drugs when you want to? | Yes | No |
| 6. Do you abuse drugs on a continuous basis? | Yes | No |
| 7. Do you try to limit your drug use to certain situations? | Yes | No |
| 8. Have you had "blackouts" or "flashbacks" as a result of drug use? | Yes | No |
| 9. Do you ever feel bad about your drug abuse? | Yes | No |
| 10. Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 11. Do your friends or relatives know or suspect you abuse drugs? | Yes | No |
| 12. Has drug abuse ever created problems between you and your spouse? | Yes | No |
| 13. Has any family member ever sought help for problems related to your drug use? | Yes | No |
| 14. Have you ever lost friends because of your use of drugs? | Yes | No |
| 15. Have you ever neglected your family or missed work because of your use of drugs? | Yes | No |
| 16. Have you ever been in trouble at work because of drug abuse? | Yes | No |
| 17. Have you ever lost a job because of drug abuse? | Yes | No |
| 18. Have you gotten into fights when under the influence of drugs? | Yes | No |
| 19. Have you ever been arrested because of unusual behavior while under the influence of drugs? | Yes | No |
| 20. Have you ever been arrested for driving while under the influence of drugs? | Yes | No |
| 21. Have you engaged in illegal activities to obtain drugs? | Yes | No |
| 22. Have you ever been arrested for possession of illegal drugs? | Yes | No |
| 23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? | Yes | No |
| 24. Have you had medical problems as a result of your drug use (memory loss, hepatitis, convulsions, or bleeding)? | Yes | No |
| 25. Have you ever gone to anyone for help for a drug problem? | Yes | No |
| 26. Have you ever been in hospital for medical problems related to your drug use? | Yes | No |
| 27. Have you ever been involved in a treatment program specifically related to drug use? | Yes | No |
| 28. Have you been treated as an outpatient for problems related to drug abuse? | Yes | No |

C.A.S.T.

Yes	No		Yes	No	
		1. Have you ever thought one of your parents had a drinking problem?			16. Did you ever feel caught in the middle of an argument between a drinking parent and your other parent?
		2. Have you ever lost sleep because of a parent's drinking?			17. Did you ever feel that you made a parent drink alcohol?
		3. Did you ever encourage one of your parent's to quit drinking?			18. Have you ever felt that a problem drinking parent did not really love you?
		4. Did you ever feel alone, scared, angry or frustrated because a parent was not able to quit drinking?			19. Did you ever resent a parent's drinking?
		5. Did you ever argue or fight with a parent when he or she was drinking?			20. Have you ever worried about a parent's health because of his/her alcohol use?
		6. Did you ever threaten to run away from home because of a parent's drinking?			21. Have you ever been blamed for a parent's drinking?
		7. Has a parent ever yelled or hit you or other family members when drinking?			22. Did you ever think your father was an alcoholic?
		8. Have you ever heard your parent's fights when one of them was drunk?			23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?
		9. Did you ever protect another family member from a parent who was drinking?			24. Did a parent ever make promises to you that he/she did not keep because of drinking?
		10. Did you ever feel like hiding or emptying a parent's bottle of liquor?			25. Did you ever think your mother was an alcoholic?
		11. Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his/her drinking?			26. Did you ever wish that you could talk to someone who could understand and help the alcohol related problems in your family?
		12. Did you ever wish that a parent would stop drinking?			27. Did you ever fight with your brother and sisters about your parent's drinking?
		13. Did you ever feel responsible for and guilty about a parent's drinking?			28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
		14. Did you ever fear that your parent's would get divorced due to alcohol misuse?			29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?
		15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?			30. Did you ever take over chores and duties at home that were usually done by a parent before he/she developed a drinking problem?